

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)
PROOF OF CLAIM
Name of Debtor
James Clinit Perrette
Stephanie Renee Perrette

Case Number
01-01998

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503


Name of Creditor (The person or other entity to whom the debtor owes money or property):
Boise Radiology Group
Name and Address where notices should be sent:

Boise Radiology Group
PO Box 44630
Boise, ID 83711-0630

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



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Telephone Number:

Account or other number by which creditor identifies debtor:

205370

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____
1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: _____
- Unpaid compensation for services performed from 3/11/01 to 3/11/01
- (date) (date)

2. Date debt was incurred:

3/11/01

3. If court judgment, date obtained:**4. Total Amount of Claim at Time Case Filed:**

\$ 176.96

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ _____
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contracts, agreements, and evidence of perfection of lien. DO NOT attach documents that are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of this claim, attach a stamped, self-addressed envelope and copy of this proof of claim.

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

7/17/01 Cindy Nash - Clerk

Penalty for presenting fraudulent claim: Fine of up to \$500, or

Chapter 12 and 13 claims, along with

and deducted for the purpose of

such as promissory notes, purchase contracts, judgments, mortgages, security interests, and other documents. If the claim is for a debt, attach a summary.

To receive a claim, enclose a stamped, self-addressed envelope.

other person authorized to file

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U.S. COURTS
 2001 JUL 19 AM 11:00
 CLERK'S OFFICE
 100 N. 10TH

imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

supporting documents must be filed in duplicate.

07/17/01

PATIENT FINANCIAL HISTORY BY DT SERVICE

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BOISE RADIOLOGY GROUP, P.A.

Accounts 205370 - 205370 All Dates

Acct	Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount		
205370			PERRITTE,STEPHANIE		Previous Balance :				0.00		
	03/11/01	0	PERRITTE,STEPHANIE	18	71020		CHEST PA & LATERAL	786.50	1.00	36.00	
	03/11/01	0	PERRITTE,STEPHANIE	9	78584		PULMONARY PERFUSION	786.50	1.00	137.00	
	06/07/01	0	PERRITTE,STEPHANIE	18	INTEREST		Finance Charge	INTEREST	1.00	1.73	
	07/05/01	0	PERRITTE,STEPHANIE	18	INTEREST		Finance Charge	INTEREST	1.00	1.73	
TOTALS FOR ACCOUNT 205370				PAYMENTS :	0.00	ADJUSTS :	0.00	CHARGES :	176.46	4.00	176.46
				REFUNDS:	0.00						
					0.00				176.46		176.46